

# AUTO CR - LOG SUMMARY #1072149

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that during a traffic pursuit, the subject stopped, but then fled in his vehicle and became involved in a traffic accident. The subject then fled on foot, and the involved officer Tasered him to take him into custody.	(None Entered)		

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BENIGNO, JOHN A	602		011 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
21-OCT-2014 07:44 - 21-OCT-2014 07:44		1221	012	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Witness	FABIAN JR, ELMER A	2666		011 /	PO/FIELD TRNING OFF	M	S		
NON-CPD	Victim/Subject						M	BLK		
CPD Employee	Witness	PUENTE, JUAN C	18870		017 / 213	POLICE OFFICER	M	S		
CPD Employee	Witness	SCHULTER, PHILIP C	1164		011 / 213	POLICE OFFICER	M	WHI		
CPD Employee	Involved Member	PAWLOWSKI, CARL M	18585		044 / 011	POLICE OFFICER	M	WHI		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:	OFFICER DAVIS, #14470, FROM CPIC NOTIFIED IPRA AT APPROXIMATELY 2019 HOURS.		

## Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

## Incident Category List

## Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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## Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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## Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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## Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	22-OCT-2014 05:01	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	22-OCT-2014 07:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	21-OCT-2014 10:18	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	

## Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					LUKAS, JAMES	21-OCT-2014 10:18			
	DOCUMENTS - INTAKE INCIDENT		2	FTO Elmer Fabian	N	HAYES, SHANNON	22-OCT-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Ser# [REDACTED]	N	LUKAS, JAMES	21-OCT-2014 10:48	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	FTO Elmer Fabian	N	HAYES, SHANNON	22-OCT-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Philip Schulter	N	HAYES, SHANNON	22-OCT-2014 07:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Juan Puente	N	HAYES, SHANNON	22-OCT-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		4	[REDACTED] Assault - Aggravated Po: Other Dang Weap; Interference With Public Officer - Resist/Obstruct/Disarm Officer	N	HAYES, SHANNON	22-OCT-2014 07:39	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Carl Pawlowski	N	HAYES, SHANNON	22-OCT-2014 07:51	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		7	[REDACTED]	N	HAYES, SHANNON	22-OCT-2014 07:52	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Juan Puente	N	HAYES, SHANNON	22-OCT-2014 07:50	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Philip Schulter	N	HAYES, SHANNON	22-OCT-2014 07:50	APPROVED		

## Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Incident

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 21-OCT-2014) - LOG #1072149

TYPE: INFO

## Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	BENIGNO, JOHN A	602		011 /	SERGEANT OF POLICE	M	WHI		

## Incident Information

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21-OCT-2014 07:44 - 21-OCT-2014 07:44		1221	012	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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## Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	21-OCT-2014 22:18	LUKAS, JAMES	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	31-OCT-2014 03:27	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	22-OCT-2014 05:01	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	22-OCT-2014 07:52	HAYES, SHANNON	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	21-OCT-2014 10:18	LUKAS, JAMES	INVESTIGATOR 3 COPA	113 /	



# EVIDENCE SYNC<sup>TM</sup> OFFLINE

## DEVICE REPORT

LOG # 1072149

**ECD Information**

Model #: TASER\_ECD\_X2

Serial #: X30001FW9

Firmware Version: FWBundle Rev. 03.045

Device Health: Good

**Offline Report**

Date:

21 Oct 2014 20:52:15

Local Timezone:

Central Standard Time (UTC -5:00)

**Event Log**

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
10/22/2014 00:44:22	10/21/2014 19:44:22	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	93% 93%
10/22/2014 00:44:24	10/21/2014 19:44:24	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	24°C 24°C	93% 93%
10/22/2014 00:44:56	10/21/2014 19:44:56	Armed	C1: 25' Standard C2: 25' Standard		23°C 23°C	93% 93%
10/22/2014 00:44:56	10/21/2014 19:44:56	Safe	C1: 25' Standard C2: 25' Standard	0s 0s	24°C 24°C	93% 93%
10/22/2014 00:45:13	10/21/2014 19:45:13	Armed	C1: 25' Standard C2: 25' Standard		24°C 24°C	93% 93%
10/22/2014 00:45:15	10/21/2014 19:45:15	Trigger	C1: Deployed	9s		93% 93%
10/22/2014 00:45:33	10/21/2014 19:45:33	Safe	C1: Deployed C2: 25' Standard	20s 20s	24°C 24°C	93% 93%
10/22/2014 01:52:02	10/21/2014 20:52:02	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		22°C 22°C	0% 0%
10/22/2014 01:52:19	10/21/2014 20:52:19	Time Sync	10/21/2014 20:52:19 to 10/21/2014 20:51:18			

CHICAGO POLICE DEPARTMENT  
ORIGINAL CASE INCIDENT REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653  
(For use by Chicago Police Department Personnel Only)  
CPD-11.388(6/03)-C)

RD #: [REDACTED]

EVENT #: [REDACTED]

Case ID: [REDACTED]

INCIDENT

CLEARED CLOSED (ARREST AND PROSECUTION)

IUCR: 0553 - Assault - Aggravated Po: Other Dang Weap

3710 - Interference With Public Officer - Resist/Obstruct/Disarm Officer

Occurrence  
Location: [REDACTED]

Beat: 1121

Unit Assigned: 1121

RO Arrival Date: 21 October 2014 19:43

# Offenders: 1

Occurrence Date: 21 October 2014 19:43

NON OFFENDER

VICTIM - Individual

Police Officer

Name: STATE OF IL, P.O. Fabian

Demographics

3151 W Harrison St

Beat: 1134

Age: Years

Chicago, IL

Sobriety: Sober

Other Communications and Availability

Residence 312-746-8386

Phone:

VICTIM - Individual

Police Officer

Name: STATE OF IL, P.O. Batista

Demographics

3151 W Harrison St

Beat: 1134

Age: Years

Chicago, IL

Sobriety: Sober

Other Communications and Availability

Residence 312-746-8386

Phone:

VICTIM - Individual

Police Officer

Name: STATE OF ILLINOIS, Po  
Reyes

Demographics

3151 W Harrison St

Beat: 1134

Age: Years

Chicago, IL

Sobriety: Sober

Other Communications and Availability

Residence 312-746-8386

Phone:

VICTIM - Individual

Police Officer

Name: STATE OF ILLNOIS, Po  
Puentes

Demographics

3151 W Harrison St

Beat: 1134

Age: Years

Chicago, IL

312 - 746 - 8386

Sobriety: Sober

NON OFFENDER

VICTIM - Individual		Police Officer	
<b>Name:</b> STATE OF ILLNOIS, Po Shelter 3151 W Harrison St Chicago, IL 312 - 746 - 8386 <b>Sobriety:</b> Sober		<b>Demographics</b> <b>Age:</b> Years	
<b>Beat:</b> 1134			
WITNESS - Individual		Police Officer	
<b>Name:</b> [REDACTED] <b>Res:</b> [REDACTED]		<b>Demographics</b> <b>Age:</b> Years	
<b>Beat:</b> 1033			
<b>Beat:</b> 5100			
WITNESS - Individual		Police Officer	
<b>Name:</b> P.O. PAWLOWSKI <b>Res:</b> 3151 W Harrison St Chicago IL 312 - 746 - 8386		<b>Demographics</b> <b>Age:</b> Years	
<b>Beat:</b> 1134			
<b>Beat:</b> 5100			
WITNESS - Individual		Police Officer	
<b>Name:</b> P.O. RIVERA 3151 W Harrison St Chicago, IL		<b>Demographics</b> <b>Age:</b> Years	
<b>Sobriety:</b> Sober			
<b>Other Communications and Availability</b>			
<b>Residence</b> 312-746-8386 <b>Phone:</b>			

INJURIES

Injury Info (STATE OF ILLINOIS,Po Reyes - Victim )	
Injured by offender	<b>Injury Extent:</b> Minor
<u>Type</u> Abrasions	<u>Weapon Used</u> Unknown

SUSPECTS

Suspect # 1		In Custody	
<b>Name:</b> [REDACTED] <b>Res:</b> [REDACTED]		<b>Demographics</b>	
<b>Beat:</b> 3100		Male Black 5'11, 220 lbs Brown Eyes Black Hair Braids Hair Style Dark Brown Complexion	
		<b>DOB:</b> [REDACTED] <b>Age:</b> 32 years <b>Birth Place:</b> IL <b>Suspected of Using:</b> Vehicle	
<b>Other Communications and Availability</b>			



SUSPECTS	Injury Info	
	Injury Extent: Minor	
	Type Puncture Wound	Weapon Used Other Firearm

RELATIONSHIP	RELATIONSHIP		
	(Victim) STATE OF IL, P.O. Fabian	is a	No Relationship of ( Offender ) <div></div>
	(Victim) STATE OF IL, P.O. Batista	is a	No Relationship of ( Offender ) <div></div>
	(Victim) STATE OF ILLINOIS, Po Reyes	is a	No Relationship of ( Offender ) <div></div>
	(Victim) STATE OF ILLNOIS, Po Puentes	is a	No Relationship of ( Offender ) <div></div>
	(Victim) STATE OF ILLNOIS, Po Shelter	is a	No Relationship of ( Offender ) <div></div>

DOMESTIC INFO	Order of Protection Info
	Order of Protection #: - IL
	Access to Firearm? Yes

VEHICLE	Vehicle #1					
	Vehicle:	Unknown - Unknown - Automobile	Damaged?	Yes	Owner:	<div></div>
	Style:	Van/Panel Or V/P Trailer - Vmo Must Be Tk	Possessor/User:	<div></div>		
	Color-Top/Bottom:	Green, Dark/Green, Dark	Theft From?	No	Towed?	No
			Burned?	No		
			Destroyed?	No		
			Stolen?	No		

NOTIFICATIONS	Request Type	Unit	Agency Name	Date	Star #	Name
	Notification	630	Detective Area - North	21 October 2014 21:23	20766	,ORTMAN



NARRATIVE

EVENT # 

ADDRESS OF ARREST: 

SUMMARY, BT# 5755D ON VIEWED AN AUTO ACCIDENT AT 

BETWEEN THE ABOVE OFFENDER, 

VEHICLE AND A 

WHEN THE ABOVE OFFENDER, DRIVING OF SAID VEHICLE, FLED THE SCENE OF THAT AUTO ACCIDENT BT#5755D SENT OUT A FLASH MESSAGE. SAID MUSTANG DROVE AWAY IN AN UNKNOWN DIRECTION. AFTER MONITORING THE RADIO R/O'S OBSERVED OFFENDERS VEHICLE TRAVELING E/B ON HURON AT HOMAN BEING FOLLOWED BY 5755D. RO'S ATTEMPTED TO CURB SAID VEHICLE, SAID VEHICLE CONTINUED N/B AT A LOW SPEED ON SPAULDING, AND E/B TOWARDS SAWYER WHERE HE CONTINUED N/B ON SAWYER. DURING THIS TIME THE ABOVE OFFENDER PULLED TO THE SIDE AND STOPPED THREE TIMES BUT THEN CONTINUED FLEEING. AT 618 N. SAWYER SAID VEHICLE WAS CURBED BY POLICE VEHICLES INCLUDING MARKED UNITS WITH EMERGENCY LIGHTS ACTIVATED AND APPROACHED BY P.O'S BATISTA AND P.O. FABIAN (IN FULL UNIFORM) WHO THEN GAVE THE ABOVE OFFENDER, DRIVER, VERBAL INSTRUCTIONS TO EXIT HIS VEHICLE. AFTER REFUSING TO EXIT HIS VEHICLE THE OFFENDER STATED "NO, I'M NOT GETTING OUT! I'M NOT THE ONE YOU'RE LOOKING FOR" WHILE MAKING FURTIVE MOVEMENTS TOWARDS HIS SIDE. P.O. FABIAN FEARING FOR HIS SAFETY GRABBED A HOLD OF THE OFFENDER'S LEFT HAND WHILE ATTEMPTING TURN THE VEHICLE OFF. AT THAT TIME THE OFFENDER LOOKED AT P.O'S BATISTA AND P.O. FABIAN THEN TURNED HIS GAZE TOWARDS THE FRONT OF THE VEHICLE AND SIDEWALK WHERE P.O'S SCHELTER AND PUENTES (IN FULL POLICE UNIFORM) WERE APPROACHING AND DROVE THE VEHICLE ONTO THE SIDEWALK AT P.O'S SCHELTER AND PUENTES CAUSING THEM TO JUMP OUT OF HARMS WAY TO AVOID GETTING STRUCK BY THE VEHICLE. IN ORDER TO NOT GET DRAGGED NOR STRUCK BY THE VEHICLE P.O. BATISTA AND FABIAN ALSO JUMPED OUT OF THE VEHICLES PATH. AFTER DRIVING ON THE SIDEWALK FOR SEVERAL FEET THE OFFENDER CONTINUED EAST BOUND ON OHIO WHERE HE DROVE THRU A SOLID RED LIGHT AND STRUCK A VEHICLE WITH 5 OCCUPANTS, REPORTED UNDER RD #HX-476915. THESE 5 OCCUPANTS AND DRIVER WERE TRANSPORTED TO MT. SINAI AND ST. MARY'S HOSPITALS FOR TREATMENT. HAVING DISABLED HIS OWN VEHICLE THE ABOVE OFFENDER CONTINUED TO FLEE EAST BOUND ON OHIO ON FOOT THEN SOUTHBOUND THRU THE ALLEY WHERE HE JUMPED OVER A FENCE AT 540 N. TROY. WHILE ATTEMPTING TO APPREHEND THE ABOVE OFFENDER P.O. REYES SCALED THE FENCE AT THIS LOCATION AND IN THE PROCESS STRUCK HIS LEFT KNEE AGAINST THE FENCE POST CAUSING PAIN, ABRASIONS, AND SWELLING TO SAID AREA. TO EFFECT THE ARREST P.O. PAWLOWSKI GAVE THE OFFENDER VERBAL DIRECTIONS TO STOP, WHEN THE OFFENDER REFUSED P.O. PAWLOWSKI DEPLOYED HIS TASER AND P.O'S REYES AND P.O. STUCKERT PLACED THE OFFENDER INTO CUSTODY. THE ARRESTEE WAS TRANSPORTED TO ST. ANTHONY HOSPITAL BY BT 1171 WHERE HE WAS TREATED AND RELEASED BY DR. GRIMES. AFTER THE ARRESTEE EXHIBITED SIGNS OF INTOXICATION WITH BLOODSHOT/GLASSY EYES AND A SLIGHT ODOR OF ALCOHOL P.O. TRUESDALE CONDUCTED FIELD SOBRIETY TESTS OF WHICH HE FAILED THREE. AT THIS POINT A DUI BLOOD AND URINE COLLECTION WAS DONE BY HOSPITAL STAFF SANZ, SERGIO AND INVENTORIED BY P.O. TRUESDALE, INVENTORY# 

ARRESTEE TRANSPORTED INTO THE 011TH DIST. FOR PROCESSING. NAME CHECK CLEAR, NO INV. ALERTS. TRR'S COMPLETED

NOTIFICATION: SERGEANT Beat#: Star#: 1120 Emp#: Date: 22-OCT-2014 Time: 1943 ONS

- STAR#: 18585 NAME: CARL PAWLOWSKI BEAT: 1121
- STAR#: 13999 NAME: ELMER FABIAN JR BEAT: 1121
- STAR#: 15920 NAME: STEVEN RIVERA BEAT: 5755D
- STAR#: 14865 NAME: FELIX BATISTA BEAT: 5755D
- STAR#: 6934 NAME: PHILIP SCHULTER BEAT: 4319C
- STAR#: 18870 NAME: JUAN PUENTE BEAT: 4319C
- STAR#: 11268 NAME: DENNIS BILSKI BEAT: 1171
- STAR#: 5543 NAME: JAMES KURTH BEAT: 1171
- STAR#: 11035 NAME: SAMUEL TRUESDALE BEAT: 1106D
- STAR#: 17832 NAME: SANTOS REYES BEAT: 4311A
- STAR#: 17989 NAME: LAWRENCE STUCKERT BEAT: 4311A
- STAR#: 1592 NAME: JOHN BENIGNO BEAT: 1120

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Approving Supervisor	1592	<div></div>	BENIGNO, John, A	<div></div>	22 Oct 2014 02:10	011	
Reporting Officer	18585	<div></div>	PAWLOWSKI, Carl, M	<div></div>	22 Oct 2014 01:49	011	1121



## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>21-OCT-2014</b>		TIME <b>19:43:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>1121</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>SCHULTER</b>		7. FIRST NAME <b>PHILIP C</b>		8. STAR NO. <b>6934</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>511</b>		13. WT. <b>148</b>	
	14. DATE OF APPT. <b>26-APR-2004</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>011 4319C</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>511</b>		27. WT. <b>221</b>			
	28. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****						29. DNA <input type="checkbox"/>		30. CB NO. [REDACTED]		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
							33. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>																	
	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>									
SUBJECT'S ACTIONS	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>									
	OTHER _____		OTHER _____				OTHER <u>INTENTIONALLY DROVE</u>		OTHER _____									
	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>									
MEMBERS RESPONSE	VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____									
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>											
	WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>															
WEAPON DISCHARGE INCIDENT	39. DNA <input checked="" type="checkbox"/>																	
	40. ADDITIONAL INFORMATION																	
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER _____																	
CASE INFO.	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors																	
	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																	
	44. WEATHER CONDITIONS <b>CLEAR</b>																	
SIGNATURES	45. MAKE/MANUFACTURER																	
	46. MODEL																	
	47. BARREL LENGTH																	
CPD-11.3 (REV. 10/07)	48. CALIBER/GAUGE																	
	49. TASER DART ID NO.																	
	50. WEAPON SERIAL No. (Include Letters)																	
	51. CHICAGO GUN REG. NO.																	
	52. IL FIREARM OWNER ID. NO.																	
	53. HANDGUN CERTIFICATE NO.																	
	54. SPECIAL WEAPON CERTIFICATE NO.																	
	55. PROPERTY INVENTORY NO.																	
	56. TYPE OF AMMUNITION USED																	
	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER																	
	58. TOTAL NO. OF SHOTS MEMBER FIRED																	
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)																	
	60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																	
	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED																	
	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																	
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)																	
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD																	
	65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																	
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)																	
	67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																	
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																	
	69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																	
	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC																	
	71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.																	
	72. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
	73. REPORTING MEMBER (Print Name) <b>SCHULTER, PHILIP C</b>																	
	STAR/EMPLOYEE NO. <b>6934</b>																	
	SIGNATURE [REDACTED]																	
	74. REVIEWING SUPERVISOR (Print Name) <b>STANKUS, JEFFERY D</b>																	
	STAR NO. <b>2422</b>																	
	SIGNATURE [REDACTED]																	
	DATE REVIEWED <b>21-OCT-2014 22:15:22</b>																	
	TIME <b>21-OCT-2014 22:15:22</b>																	

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8		



## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**STUART, STEPHANIE L**

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

**22-OCT-2014 00:22:21**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**5**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"			
OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>PUENTE, JUAN C</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>18870</b>		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION <b>POLICE OFFICER</b>		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>26-APR-2004</b>	EMPLOYEE NO. [REDACTED]	<input type="checkbox"/>	
UNIT OF ASSIGNMENT <b>213</b>	BEAT/CALL NO. <b>4319C</b>	LOCATION CODE <b>303-SIDEWALK</b>	BEAT OF OCCURRENCE <b>1121</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>21-OCT-2014</b>
HEIGHT <b>506</b>	WEIGHT <b>160</b>	TIME <b>19:43:00</b>	DAY OF WEEK <b>TUESDAY</b>
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>2</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>5</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) <u>/VEHICLE</u>  <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN  <input checked="" type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input checked="" type="checkbox"/> 2. GOOD	SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F		
		RACE <b>BLACK</b>	DOB [REDACTED]
		CB NO. [REDACTED]	IR NO.
		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		NO. OF OFFENDERS PRESENT? <u>1</u>	
		WEATHER CONDITIONS	
		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> G. OTHER <input type="checkbox"/> B. RAIN <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> C. SNOW <input type="checkbox"/> F. SEVERE CROSS WIND	
		APPROXIMATE OUTDOOR TEMPERATURE: <u>50 °F</u>	

R/O was able to move out of the way

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
PUENTE, JUAN C	18870	STUART, STEPHANIE L	330

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>21-OCT-2014</b>		TIME <b>19:43:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>303</b>		4. BEAT/OCCUR <b>1121</b>									
	5. POSITION <b>9161</b>		6. LAST NAME <b>PUENTE</b>		7. FIRST NAME <b>JUAN C</b>		8. STAR NO. <b>18870</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>506</b>		13. WT. <b>160</b>		
	14. DATE OF APPT. <b>26-APR-2004</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>017 4319C</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>511</b>		27. WT. <b>221</b>				
	28. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****						29. OTHER (SPECIFY), VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No								
							32. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid												
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE								
			DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input checked="" type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/>								
			STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>								
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>										
	VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____										
	ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
CASE INFO.	39. DNA <input checked="" type="checkbox"/>		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION														
	POSITION		STAR NO.		UNIT														
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>										
SIGNATURES	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.										
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED										
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO						
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.															
73. REPORTING MEMBER (Print Name) <b>PUENTE, JUAN C</b>		STAR/EMPLOYEE NO. <b>18870</b>		SIGNATURE [REDACTED]															
74. REVIEWING SUPERVISOR (Print Name) <b>STANKUS, JEFFERY D</b>		STAR NO. <b>2422</b>		SIGNATURE [REDACTED]		DATE REVIEWED <b>21-OCT-2014 22:15:57</b>		TIME <b>21-OCT-2014 22:15:57</b>											

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8		

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED

TIME

22-OCT-2014 00:22:52

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

5

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>21-OCT-2014</b>		TIME <b>19:43:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1121</b>										
	5. POSITION <b>9164</b>		6. LAST NAME <b>FABIAN JR</b>		7. FIRST NAME <b>ELMER A</b>		8. STAR NO. <b>13999</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>S</b>		11. AGE [REDACTED]		12. HT. <b>503</b>		13. WT. <b>118</b>			
	14. DATE OF APPT. <b>10-OCT-2000</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>011 1121</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>511</b>		27. WT. <b>220</b>					
	30. WAS SUBJECT ARMED? VEHICLE - ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						37. CB NO. [REDACTED]		IR NO. [REDACTED]											
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****																				
REASON FOR USE OF FORCE (Check all that apply)	38. DNA <input type="checkbox"/>		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER <u>DROVE W/P.O. PARTIALY</u>		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER <u>JUMPED OUT OF PATH OF VEHICLE</u>		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____											
	39. DNA <input checked="" type="checkbox"/> 40. ADDITIONAL INFORMATION																			
WEAPON DISCHARGE INCIDENT	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>													
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE													
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.											
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED											
CASE INFO.	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)													
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																			
	73. REPORTING MEMBER (Print Name) <b>FABIAN JR, ELMER A</b>				STAR/EMPLOYEE NO. <b>13999</b>		SIGNATURE [REDACTED]													
	74. REVIEWING SUPERVISOR (Print Name) <b>BENIGNO, JOHN A</b>																			
STAR NO. <b>1592</b>				SIGNATURE [REDACTED]		DATE REVIEWED <b>22-OCT-2014 00:49:37</b>														



SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8		

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**STUART, STEPHANIE L**

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

**22-OCT-2014 00:53:07**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☒ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**5**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

## TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT <b>21-OCT-2014</b>		TIME <b>19:44:00</b>		2. ADDRESS OF OCCURRENCE [REDACTED]			3. LOCATION CODE <b>200</b>		4. BEAT/OCCUR <b>1221</b>								
	5. POSITION <b>9161</b>		6. LAST NAME <b>PAWLOWSKI</b>		7. FIRST NAME <b>CARL M</b>		8. STAR NO. <b>18585</b>		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE <b>WHI</b>		11. AGE [REDACTED]		12. HT. <b>603</b>		13. WT. <b>250</b>	
	14. DATE OF APPT. <b>18-FEB-2014</b>		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT <b>044 1121</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE <b>BLK</b>		25. D.O.B. [REDACTED]		26. HT. <b>511</b>		27. WT. <b>220</b>			
	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No						31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No						32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid						36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****						37. CB NO. [REDACTED] IR NO. [REDACTED] <input type="checkbox"/> DNA					
REASON FOR USE OF FORCE (Check all that apply)	38. <input type="checkbox"/> DNA		SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE					
			DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____							
WEAPON DISCHARGE INCIDENT	MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____							
	39. <input type="checkbox"/> DNA		* OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION [REDACTED]													
CASE INFO.	POSITION		STAR NO.		UNIT													
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>											
SIGNATURES	49. TASER DART ID NO. <b>C6200APAY</b>		50. WEAPON SERIAL No. (Include Letters) <b>X30001FW9</b>		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>1</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED									
SIGNATURES	59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)											
SIGNATURES	72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																	
	73. REPORTING MEMBER (Print Name) <b>PAWLOWSKI, CARL M</b> STAR/EMPLOYEE NO. <b>18585</b> SIGNATURE [REDACTED] 21-OCT-2014 23:54:16																	
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) <b>BENIGNO, JOHN A</b> STAR NO. <b>1592</b> SIGNATURE [REDACTED] DATE REVIEWED <b>22-OCT-2014 00:44:05</b> TIME																	
	75. [REDACTED]																	

CPD-11.3.77 (REV. 10/07)

CPD 0262496

SUBJECT INFORMATION	36. CHARGES PLACED	<input type="checkbox"/> DNA	
	625 ILCS 5.0/11-204-A, 625 ILCS 5.0/11-501-A-2, 625 ILCS 5.0/11-309-1, 625 ILCS 5.0/11-503-A-1, 625 ILCS 5.0/11-402-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A-7, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8, 720 ILCS 5.0/12-2-C-8		

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

The subject stated, "The police stopped me. After they let me go, I drove down a one way street. The police tried to stop me and I just got scared and panicked."

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the subject's statement and a review of the reports, R/Lt has determined that the officer followed Department guidelines and the Use of Force model.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

**STUART, STEPHANIE L**

SIGNATURE

[REDACTED]

DATE COMPLETED

TIME

**22-OCT-2014 00:56:14**

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

80. TOTAL TRR's THIS EVENT No.

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

**5**

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>FABIAN JR, ELMER A</b>		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. <b>13999</b>		ADDRESS OF OCCURRENCE [REDACTED]	
POSITION <b>PO/FIELD TRNING OFF</b>		CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
DATE OF APPOINTMENT <b>10-OCT-2000</b>	EMPLOYEE NO. [REDACTED]	<input type="checkbox"/>	
UNIT OF ASSIGNMENT <b>011</b>	BEAT/CALL NO. <b>1121</b>	LOCATION CODE <b>304-STREET</b>	BEAT OF OCCURRENCE <b>1121</b>
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <b>HISPANIC</b>	DOB [REDACTED]	DATE OF OCCURRENCE <b>21-OCT-2014</b>
HEIGHT <b>503</b>	WEIGHT <b>118</b>	TIME <b>19:43:00</b>	DAY OF WEEK <b>TUESDAY</b>
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED		NO. OF OFFICERS BATTERED <u>4</u>	
<input checked="" type="checkbox"/> 1. ON DUTY <input checked="" type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____  <input type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____  <input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER		WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? <u>7</u>	
WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____ PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____		MANNER OF ATTACK <input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)	
TYPE OF ACTIVITY		TYPE OF WEAPON/THREAT	
<input type="checkbox"/> A. AMBUSH - NO WARNING <input checked="" type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____  <input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____  <input type="checkbox"/> K. OTHER		(Check all that apply): <input type="checkbox"/> A. FIREARM CALIBER _____ <input type="checkbox"/> 1. REVOLVER <input type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN <input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____ <input checked="" type="checkbox"/> B. VEHICLE <input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input checked="" type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE <input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT	
TYPE OF INJURY TO OFFICER		FIREARM USE INFORMATION (Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON	
LIGHTING CONDITIONS AT INCIDENT		OFFENDER INFORMATION	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> 2. GOOD	SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F RACE <b>BLACK</b> DOB [REDACTED] CB NO. [REDACTED] IR NO. _____		
WEATHER CONDITIONS		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN NO. OF OFFENDERS PRESENT? <u>1</u>	
APPROXIMATE OUTDOOR TEMPERATURE: <b>55 °F</b>			

-

REPORTING MEMBER - SIGNATURE FABIAN JR, ELMER A	STAR NO. 13999	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STUART, STEPHANIE L	STAR NO. 330
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OFFICER'S BATTERY REPORT  
CHICAGO POLICE DEPARTMENT

RD NO. [REDACTED]

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

NAME (LAST - FIRST - M.I.)  
SCHULTER, PHILIP C

STAR NO.  
6934

DATE OF APPOINTMENT  
26-APR-2004

UNIT OF ASSIGNMENT  
213

SEX  
☒ 1. M ☐ 2. F

RACE  
WHITE

DOB  
[REDACTED]

HEIGHT  
511

WEIGHT  
148

POSITION  
POLICE OFFICER

EMPLOYEE NO.  
[REDACTED]

BEAT/CALL NO.  
4319C

TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED

☒ 1. ON DUTY  
☒ A. UNIFORM, PATROL DUTY  
☐ B. UNIFORM, OTHER DUTY  
Describe \_\_\_\_\_  
  
☐ C. CITIZEN'S DRESS  
☐ D. TACTICAL  
☐ E. B.I.S. UNIT  
☐ F. SPECIAL EMPLOYMENT  
☐ G. OTHER \_\_\_\_\_  
  
☐ 2. OFF DUTY  
☐ 3. SPECIAL EMPLOYMENT  
☐ 4. SECONDARY / OTHER

WORKING:  
☐ A. ALONE  
☒ B. WITH ONE PARTNER  
☐ C. WITH MULTIPLE PARTNERS  
How many? \_\_\_\_\_  
  
PATROL TYPE:  
☒ A. SQUAD CAR  
☐ B. FOOT  
☐ C. BICYCLE  
☐ D. APV/MOTORCYCLE  
☐ E. SQUADROL  
☐ F. OTHER \_\_\_\_\_

TYPE OF ACTIVITY

☐ A. AMBUSH - NO WARNING  
☒ B. TRAFFIC STOP/PURSUIT  
☐ C. INVESTIGATING SUSPICIOUS PERSON  
☐ D. DISTURBANCE - DOMESTIC  
☐ E. DISTURBANCE - MENTAL PATIENT  
☐ F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER  
☐ G. DISTURBANCE - OTHER  
☐ H. MAN WITH A GUN  
☐ I. PURSUING/ARRESTING OFFENDER (Specify)  
CHARGE \_\_\_\_\_ IUCR CODE \_\_\_\_\_  
  
☐ J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify)  
ORIGINAL CHARGE \_\_\_\_\_ ORIGINAL IUCR CODE \_\_\_\_\_  
  
☐ K. OTHER

TYPE OF INJURY TO OFFICER

☐ A. FATAL  
☐ B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries)  
☐ C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions)  
☒ D. NONE APPARENT/NONE

LIGHTING CONDITIONS AT INCIDENT

☐ A. DAYLIGHT  
☐ B. NIGHT  
☐ C. DAWN  
☐ D. DUSK  
☒ E. ARTIFICIAL LIGHT  
☐ 1. POOR  
☒ 2. GOOD

INCIDENT INFORMATION

☐ 1. INDOOR ☒ 2. OUTDOOR

ADDRESS OF OCCURRENCE  
[REDACTED]

CITY ☒ CHICAGO STATE (If outside Chicago)  
☐

LOCATION CODE  
303-SIDEWALK

BEAT OF OCCURRENCE  
1121

DATE OF OCCURRENCE  
21-OCT-2014

TIME  
19:43:00

DAY OF WEEK  
TUESDAY

NO. OF OFFICERS BATTERED 2

WERE THERE ASSISTING UNITS ON SCENE? 1. ☒ YES 2. ☐ NO

IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS) ? 5

MANNER OF ATTACK

☐ 01. SHOT  
☐ 02. SHOT AT  
☐ 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT)  
☐ 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT)  
☒ 05. OTHER (INCLUDING VERBAL THREATS)

TYPE OF WEAPON/THREAT

(Check all that apply):  
☐ A. FIREARM CALIBER \_\_\_\_\_  
☐ 1. REVOLVER  
☐ 2. SEMI-AUTOMATIC  
☐ 3. RIFLE  
☐ 4. SHOTGUN  
☐ D. HANDS/FISTS  
☐ E. FEET  
☐ F. MOUTH (SPIT, BITE, ETC.)  
☐ G. VERBAL THREAT (ASSAULT)  
☐ H. OTHER (SPECIFY) \_\_\_\_\_  
☒ B. VEHICLE  
☐ 1. OFFICER STRUCK WITH VEHICLE  
☒ 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE  
☐ C. KNIFE/OTHER CUTTING INSTRUMENT ☐ I. BLUNT INSTRUMENT

FIREARM USE INFORMATION

(Check all that apply):  
☐ A. OFFICER AT GUNPOINT  
☐ B. OFFICER'S OWN WEAPON OBTAINED  
☐ C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON

OFFENDER INFORMATION

SEX  
☒ 1. M ☐ 2. F

RACE  
BLACK

DOB  
[REDACTED]

CB NO.  
[REDACTED]

IR NO.

WAS THE OFFENDER'S ACTIVITY:  
DRUG RELATED?

☐ 1. YES  
☐ 2. NO  
☒ 3. UNKNOWN

GANG RELATED?  
☐ 1. YES  
☐ 2. NO  
☒ 3. UNKNOWN

NO. OF OFFENDERS PRESENT? 1

WEATHER CONDITIONS

☒ A. CLEAR  
☐ B. RAIN  
☐ C. SNOW  
☐ D. FOG / SMOKE / HAZE  
☐ E. SLEET / HAIL  
☐ F. SEVERE CROSS WIND  
☐ G. OTHER  
APPROXIMATE OUTDOOR TEMPERATURE: 50 °F

CPD-11.451 (REV. 1/04)

CPD 0262501

R/O was able to avoid being struck as the offender intentionally attempted to strike R/O with a vehicle.

REPORTING MEMBER - SIGNATURE	STAR NO.	WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE	STAR NO.
SCHULTER, PHILIP C	6934	STUART, STEPHANIE L	330

## ARREST REPORT

3510 S. Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11.420C(REV. 6/30)

## ARREST REPORTING

OFFENDER

Name: [REDACTED]  
 Res: [REDACTED] Beat: 3100  
 DOB: [REDACTED]  
 AGE: 32 years  
 POB: Illinois  
 DLN: [REDACTED]  
 ARMED WITH Unarmed

Male  
 Black  
 5' 11"  
 220 lbs  
 Brown Eyes  
 Black Hair  
 Braids Hair Style  
 Dark Complexion

INCIDENT

Arrest Date: 21 October 2014 19:44 TRR Completed? No Total No Arrested:1 Co-Arrests Assoc Cases  
 Location: [REDACTED] Beat: 1221  
 Dependent Children? No DCFS Ward ? No  
 Holding Facility: District 011 Male Lockup  
 Resisted Arrest? No

CHARGES

		Victim
1	Offense As Cited 720 ILCS 5.0/12-2-C-8 AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	P.O. Schuler #6934
2	Offense As Cited 720 ILCS 5.0/12-2-C-8 AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	P.O. Puente #18870
3	Offense As Cited 720 ILCS 5.0/12-2-C-8 AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	P.O. Bautista #14865
4	Offense As Cited 720 ILCS 5.0/12-2-C-8 AGG ASSAULT/OP MOTOR VEH/PC OFF Class 3 - Type F	P.O. Fabian #13999
5	Offense As Cited 720 ILCS 5.0/31-1-A-7 RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR INJ Class 4 - Type F	P.O. Reyes #17832
6	Offense As Cited 720 ILCS 5.0/31-1-A RESISTING/OBSTRUCT/PC OFF/CORR EMP/FRFTR Class A - Type M	P.O. Pawlowski #18585
7	Offense As Cited 625 ILCS 5.0/11-402-A LEAVING THE SCENE Class A - Type M	
8	Offense As Cited 625 ILCS 5.0/11-503-A-1 IVC - RECKLESS DRIVING Class A - Type M	
9	Offense As Cited 625 ILCS 5.0/11-309-1	

## ARREST REPORTING

10	Offense As Cited	DISOBEY FLASHING RED LIGHT Class P - <b>625 ILCS 5.0/11-501-A-2</b>	P.O. Truesdale #11035
11	Offense As Cited	IVC - DRIVING UNDER INFLUENCE OF ALCOHOL Class A - Type M <b>625 ILCS 5.0/11-204-A</b> IVC - FLEE/ATTEMPT ELUDE POLICE Class A - Type M	P.O. Truesdale #11035

FELONY  
REVIEW

Felony Review : Approved 22 OCT 2014 04:10

Kline,

State's Attorneys's Office

RECOVERED  
NARCOTICS

NO NARCOTICS RECOVERED

## WARRANT

NO WARRANT IDENTIFIED

## ARREST REPORTING

## VICTIM AND COMPLAINANT

Name: P.O. SCHULTER #6934

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

## VICTIM AND COMPLAINANT

Name: P.O. PUENTE #18870

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

## VICTIM AND COMPLAINANT

Name: P.O. BAUTISTA #14865

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

## VICTIM AND COMPLAINANT

Name: P.O. FABIAN #13999

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

## VICTIM AND COMPLAINANT

Name: P.O. PAWLOWSKI #18585

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

## WITNESS

Name: P.O. RIVERA #15920

DOB:

Age:

Comments:

Injured? No

Deceased? No

Hospitalized? No

Treated and Released? No

NON-OFFENDER(S)

## ARREST REPORTING

## VICTIM AND COMPLAINANT

Name: P.O. REYES #17832

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

## VICTIM AND COMPLAINANT

Name: P.O. TRUESDALE #11035

Injured? No Deceased? No

DOB:

Hospitalized? No

Age:

Treated and Released? No

Comments:

ARRESTEE  
VEHICLE

Vehicle: VEHICLE IMPOUNDED: Yes

1995 Truck - Ford - Club Wagon E150 - Vanette,  
(Metro, Step Van, Handy Van)

VIN#: [REDACTED]

Lic# [REDACTED]

Color: Green (Top) / Green (Bottom)

Inv#:

Pound#:

Disposition: Vehicle Impounded

## PROPERTIES

## Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED]

NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

## INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EVENT# [REDACTED] In summary subject was observed failing to stop after a hit and run with a pedestrian vehicle. When subject stopped vehicle, officers attempted to remove him, subject drove vehicle onto curb almost striking officers standing in front of the vehicle, and putting one officer in danger of being dragged as his body was partially inside the vehicle's cabin. Subject drove off disregarding several traffic enforcement devices, causing a traffic accident in the intersection. Subject fled on foot. While pursuing him on foot an officer suffered an injury. Arrestee failed field sobriety test. Treated and released St. Anthony's, TRR'S submitted.

## COURT INFO

Desired Court Date: 29 October 2014

Branch: 44-2 3150 W FLOURNOY - Room

Court Sgt Handle? No

Initial Court Date: 22 October 2014

Branch: CBC-1 2600 S CALIFORNIA - Room100

Docket #:

## BOND INFO

BOND INFORMATION NOT AVAILABLE

## ARREST REPORTING

## ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #18585 PAWLOWSKI, C M ([REDACTED]) 22 OCT 2014 02:15

## ARRESTING OFFICER(S):

1st Arresting Officer: #18585 PAWLOWSKI, C M ([REDACTED])

Beat

1121

2nd Arresting Officer: #13999 FABIAN JR, E A ([REDACTED])

1121

## APPROVING SUPERVISOR:

Approval of Probable Cause : #2167 O DONNELL, W M ([REDACTED]) 22 OCT 2014 02:21

REPORTING PERSONNEL



## ARREST PROCESSING REPORT

Holding Facility: District 011 Male Lockup  
Received in Lockup: 22 October 2014 02:36  
Prints Taken: 22 October 2014 02:39  
Palprints Taken: Yes  
Photograph Taken: 22 October 2014 02:52  
Released from Lockup:

Time Last Fed: 22 October 2014 02:38  
Time Called: 22 October 2014 02:46 Phone#: [REDACTED]  
Cell #: D3  
Transport Details : 2PO 1171 21-OCT-2014 20:26

## VISUAL CHECK OF ARRESTEE

## ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? No  
Is there obvious signs of infection? No  
Under the influence of alcohol/drugs? Yes  
Signs of alcohol/drug withdrawal? No  
Appears to be despondent? No  
Appears to be irrational? No  
Carrying medication? No

Presently taking medication? No  
(if female)are you pregnant? No  
First time ever been arrested? No  
Attempted suicide/serious harm? No  
Serious medical or mental problems? No  
Are you receiving treatment? No  
Transgender/intersex/gender non-conforming? No  
Deaf/hard of hearing-request interpreter for court? No  
Interpreter needed? (indicate language) No

## RETURN TO HOLDING FACILITY COMMENTS:

## QUESTIONNAIRE REMARKS:

Strong Odor Of Alcohol On Breath Slured Speech Bloodshot Eyes

## LOCKUP KEEPER COMMENTS:

## EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

## INTERVIEW LOG

NO INTERVIEWS LOGGED

## VISITOR LOG

NO VISITORS LOGGED

## ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

## ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:	#19340	WILLIAMS, M [REDACTED]	
Lockup Keeper:	#19340	WILLIAMS, M [REDACTED]	
Assisting Arresting Officer:	#11035	TRUESDALE [REDACTED]	1106
Assisting Arresting Officer:	#11268	BILSKI, D J ( [REDACTED]	1171
Assisting Arresting Officer:	#14865	BATISTA, F [REDACTED]	5755D
Assisting Arresting Officer:	#15920	RIVERA, S A [REDACTED]	5755D
Assisting Arresting Officer:	#17832	REYES, S T [REDACTED]	4311A
Assisting Arresting Officer:	#17989	STUCKERT, [REDACTED]	4311A
Assisting Arresting Officer:	#18870	PUENTE, J C [REDACTED]	4319C
Assisting Arresting Officer:	#5543	KURTH, J F [REDACTED]	1171
Assisting Arresting Officer:	#6934	SCHULTER, [REDACTED]	4319C
Fingerprinted By:		GONZALEZ, [REDACTED]	
Detective :	#20662	Gonzales, Ja [REDACTED]	22 OCT 2014 04:24 5329

## APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#1434	LASCH, A P [REDACTED]	22 OCT 2014 07:07